R4
Results Review and Resource Request
FY2001

Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support and Research
U.S. Agency for International Development

March 1999

The attached results information is from the FY 2001 Results Review and Resource Request (R4) for G/PHN and was assembled and analyzed by USAID/G/PHN.

The R4 is a "pre-decisional" USAID document and does not reflect results stemming from formal USAID reviews. Additional information on the attached can be obtained from Dick Cornelius, G/PHN.

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Released on or after Oct. 1, 2001

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PART I. OVERVIEW AND FACTORS AFFECTING PROGRAM PERFORMANCE

In partnership with its cooperating agencies and USAID missions, the Global Bureau's Population, Health and Nutrition Center (G/PHN) met or exceeded planned results and made significant contributions to achievement of Agency strategic objectives. The Center's strong performance stems from its focus on its three critical functions: global leadership, research and evaluation, and technical support to the field. These critical functions, expressed in the intermediate results (IRs) defined under each of the Center's five strategic support objectives (SSOs), represent the unique contribution of G/PHN to Agency performance in our sector. They define a body of technical expertise and assistance that G/PHN is able to apply to PHN program needs and opportunities in the developing world; not only in countries served by USAID, but globally.

G/PHN's five SSOs are focused on efforts to improve public knowledge and use of highly effective health and family planning/reproductive health services, and therefore are directly linked to attainment of Agency strategic objectives and goals. The intermediate results are indicative of specific programs and activities and allow the Center to monitor progress toward achieving its strategic support objectives.

In 1998, the Center's SSOs and IRs continued to evolve in direct response to changing program needs in the field. For example, SSO4 (HIV/AIDS) was revised to focus more effort on mitigating the social and economic impact of the virus on persons living with AIDS. In addition, and a new SSO5 was created in the Center in support of the new Agency objective of reducing the threat of infectious diseases of major public health importance. In both cases, the Center has benefited from the full participation of our partners inside and outside of USAID.

Sustainability, program integration, and donor coordination have been important cross-cutting themes in the PHN Center. Program sustainability has been promoted by building host country capacity to plan and manage programs, through training of trainers, strengthening of management systems, and technical assistance to improve efficiency and cost recovery in partner agencies.

Program integration is reflected in the strategic linkages among the Center's objectives: powerful synergies between their sub-sectors strengthen the impact of all the objectives. For example, reproductive health interventions in some cases have been integrated with family planning service delivery. Similarly, condom distribution and behavior change programs for HIV/STI prevention also help to achieve family planning objectives.

Coordination is being improved with multilateral and bilateral donor agencies to provide technical leadership, exchange lessons learned, and better coordinate program activities to meet urgent program needs and avoid unnecessary duplication. G/PHN's leadership and involvement in the US-Japan Common Agenda is one such example of this type of coordination. Since its inception in 1993, numerous joint missions, exchanges and discussions have formed the building blocks on which we base our current successful partnership. In addition, 1998 was a landmark year for G/PHN in that we have begun making the clear transition from parallel and

complementary to more coordinated and collaborative activities: all of which lead to strengthening the Center's objectives.

SSO1: Increased use by women and men of voluntary practices that contribute to reduced fertility

USAID has been the leading donor for family planning in developing countries for over thirty years. Its programs have had a significant impact on fertility, helping to bring the average number of children per family in developing countries (excluding China) down from over 6 in the 1960's to 4 currently. More than 150 million couples are estimated still to have unmet need for family planning services, however, and the momentum of population growth requires continued global cooperation in support of family planning efforts. By improving maternal and child health and reducing fertility, voluntary family planning programs play a critical role in helping countries meet the expressed reproductive health desires and needs of their citizens and buy time to address other development challenges.

USAID's population assistance program continued to be hampered by externally imposed budget restrictions in 1998. Funding has continued at 30% below 1995 levels, and continued to be metered out over a 12 month period. Despite these constraints, G/PHN continues to provide technical leadership and innovation across its portfolio. In FY1998, the Center launched a partnership with major PVO networks, a unique effort that is expanding access and leveraging additional funds for family planning and reproductive health. A new initiative with the commercial sector is increasing participation by the for-profit sector in the provision of family planning services and reducing the burden on host-country governments. USAID is the only donor working intensively with the private sector in the population arena. Performance in FY1998 met or exceeded planned levels. For example, the modern contraceptive prevalence rate among married women (Indicator 1.0.1) increased one percentage point, from 34.4% to 35.5%, between 1997 and 1998 in 46 USAID-assisted countries. This translates into an increase of an estimated 10.5 million contraceptive users. USAID has also contributed to a more than one-third decline in abortions in Russia and a 41% decline in Kazakstan as a result of increasing access to modern contraception. These achievements are the joint result of the technical leadership and innovative approaches provided by G/PHN and successful field support- and bilaterally-funded activities.

SSO2: Increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions.

In July 1997 USAID's maternal health strategy was reviewed in light of static funding levels and a decision was made to revise the strategy to strengthen its focus on maternal survival. Based on a participatory process that reflected state of the art knowledge as well as the commitment of stakeholders, other donors and USAID field missions, the G/PHN SSO2 was revised to "*Increased Use of Key Maternal Health and Nutrition Interventions."* The four specific preventive and treatment interventions in the revised SSO2 for maternal survival are: 1) promotion of improved nutritional status; 2) birth preparedness; 3) management and treatment of complications; and 4) safe delivery, postpartum and newborn care.

As of September 30, 1998, a core set of feasible, low cost interventions and best practices that results in the greatest impact in reducing mortality among mothers and newborns has been identified. A new Maternal and Neonatal Health (MNH) program cooperative agreement was awarded that will help to expand these life-saving interventions to national level safe motherhood programs in selected countries, using appropriate approaches for low resource settings. With these actions completed, G/PHN is positioned to continue providing global leadership in technical (skills training, behavior change communications) and cross-cutting (policy, health financing, pharmaceutical management, quality assurance and measurement) areas that promote use of effective maternal health services. However, the static level of funding for SSO2 means that USAID and its implementing partners need to continue to look for opportunities to leverage funds and collaborate on scaling up life saving interventions in selected countries.

SSO3: Increased use of key child health and nutrition interventions

SSO3 represents G/PHN's principal contribution to achievement of the Year 2000 goals set forth at the 1990 World Summit for Children, and to the Agency's objective of improving infant and child health and reducing infant and child mortality. The four intermediate results under SSO3 aim at maximizing G/PHN's contribution to the USAID and global efforts to increase the use of interventions that improve child survival, health, and nutrition.

Progress made under SSO3 during the past year is generally on track, or ahead of, the planned IR targets. However, as pointed out in last year's R4 report, review of aggregate SO-level indicators reveals that progress in use of key interventions is inadequate to reach the World Summit Goals by 2000. While some countries and regions continue to make more rapid progress, there is evidence of leveling off and even reversals in some countries, including India and much of sub-Saharan Africa. This conclusion is supported by recent reviews of immunization in Africa (WHO/AFRO) and of child survival in India (World Bank). Such slowing of progress may be the result of reduced investment in core interventions in the face of competing priorities and diffusion of the agenda of international agencies, reform and reorganization of the health sector in many countries, and sub-earmarking of Child Survival funds. The major challenge for G/PHN and the Agency will be to develop strategies to focus the resources of the global community on the most effective and relevant interventions, while continuing to make concrete progress and contributions within our manageable interest.

SSO4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

The rapid spread of the HIV/AIDS epidemic remains a serious threat to both public health and sustainable development in many countries in the developing world. The United Nations Joint and Co-Sponsored Programme on AIDS (UNAIDS) estimates that 47.3 million adults and children have been infected with the HIV virus since the disease was first identified. Of that total, 13.9 million have died. According to the World Health Organization (WHO), the global total of infected individuals could reach 60 million by the year 2000, with over 6 million new infections occurring each year. The majority of this increase will take place in the developing world, where 90 percent of current infections exist.

In the most seriously affected countries, the HIV/AIDS epidemic reduces productivity and GNP per capita and creates an enormous human and financial burden for the health care system. The potential political and economic destabilizing effects of HIV/AIDS are profound.

In response to the changing face of the pandemic, the Center's strategy is designed to both expand efforts to prevent HIV transmission among vulnerable populations, with a new emphasis on mitigating the epidemic's impact on people and communities, while more closely monitoring the social, economic, and policy impact. According to a recent GAO report: "Despite the continued spread of HIV/AIDS in many countries, USAID has made important contributions to the fight against HIV/AIDS. USAID-supported research helped to identify interventions proven to curb the spread of HIV/AIDS that have become the basic tools for the international response to the epidemic." (GAO Report: HIV/AIDS: USAID and U.N. Response to the Epidemic in the Developing World, page 4, July, 1998)

SSO5: Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance

In August 1998, G/PHN's newest SSO for infectious diseases was approved. Since then, the Center has moved quickly to launch this SSO, and has made great progress in putting the framework in place and initiating activities.

SSO5 is an important element of USAID's overall infectious disease strategy. Consistent with the four subcomponents of the Agency's strategy, the SSO has four subcomponents: antimicrobial resistance, tuberculosis, malaria and surveillance and response. In each of these technical subcomponents, G/PHN has designed activities to achieve the four intermediate results of the SSO: research; improved policy environment at the global, national and local levels; improved knowledge and practices relating to prevention and management of infectious diseases; and expanded services for the prevention, control and management of infectious diseases.

In the research area, for example, data collection has been initiated and three pilot studies are underway that focus on case management issues (i.e., diagnosis and treatment) related to pneumonia and the development of antimicrobial resistance. In addition, G/PHN was able to increase resources for the Malaria Vaccine Development Program (MVDP) and launch an important new component for the MVDP in DNA vaccine development. This leading edge technology is high risk, but a potential high payoff, and could dramatically shorten the lead-time for developing a vaccine suitable for clinical trials.

USAID also has been able to make significant strides in global leadership, particularly in antimicrobial resistance (AMR). An important element of the Agency strategy, also included within G/PHN's SSO, is the development and implementation of a global strategy and action plan for AMR. G/PHN has worked closely with WHO to set the development of this global strategy in motion.

Summary Table Center for Population, Health and Nutrition			
Strategic Support Objective		**Performance Rating**	**Evaluation Findings**
SSO1:	Increased use by women and men of voluntary practices that contribute to reduced fertility.	ON TRACK	Met expectations in all reported indicators.
SSO2:	Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions.	ON TRACK	Met expectations in three reported indicators. Exceeded expectations in one reported indicator.
SSO3:	Increased use of key child health and nutrition interventions.	ON TRACK	Met expectations for all reported indicators.
SSO4:	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic	ON TRACK	Established baselines for reported indicators.
SSO5:	Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance	ON TRACK	Established baselines for reported indicators.

PART II. RESULTS REVIEW BY SSO

SSO1: Increased use by women and men of voluntary practices that contribute to reduced fertility

USAID has been the leading donor for family planning in developing countries for over thirty years. Its programs have had a significant impact on fertility, helping to bring the average number of children per family in developing countries (excluding China) down from over 6 in the 1960's to 4 currently. More than 150 million couples are estimated still to have unmet need for family planning services, however, and the momentum of population growth requires continued global cooperation in support of family planning efforts. By improving maternal and child health and reducing fertility, voluntary family planning programs play a critical role in helping countries meet the expressed reproductive health desires and needs of their citizens and buy time to address other development challenges.

Progress toward the strategic support objective of "increased use by women and men of voluntary practices that contribute to reduced fertility" is impressive. As can be seen in the performance data table (Indicator 1.0.1), the modern contraceptive prevalence rate among married women increased one percentage point, from 34.4% to 35.5%, between 1997 and 1998 in 46 USAID-assisted countries. This translates into an increase of an estimated 10.5 million contraceptive users. Modern contraceptive use among unmarried women increased 0.7 percentage points, from 9.3% to 10% (Indicator 1.0.2). These achievements are the joint result of the technical leadership and innovative approaches provided by G/PHN and successful field support- and bilaterally-funded activities.

1. Performance Analysis

G/PHN has four results under SSO1 that together create a supportive environment and institutional framework for the provision of quality family planning services and information in order to enhance couples' and individuals' ability to freely choose the number and spacing of their children. These results represent the building blocks that lead to increased contraceptive use and reduced population growth. The PHN Center's results and activities reflect USAID's leadership in population program implementation and recognize the close link between the Center and the field. Highlights of progress towards results are presented below, organized according to the Global Bureau's three critical functions of research and evaluation, global leadership, and technical support. Performance met or exceeded planned levels for three of the four indicators reported (Indicators 1.0.1, 1.0.2, 1.4.2), and partially exceeded planned levels for the fourth (Indicator 1.1.1).

Research and Evaluation

Research and evaluation efforts under this SSO focus on new and improved technologies and approaches for contraceptive methods and family planning programs. The purpose is to build the scientific and technological base for successful, high-quality family planning and reproductive health (FP/RH) programs. Activities fall into three broad categories: contraceptive development, operations research, and data collection and evaluation technologies. Investments in research and evaluation are long-term and are designed to enhance USAID's ability to expand method

choice; to provide services in culturally acceptable and more effective, efficient, and sustainable ways; and to continue to be responsive to client needs and program realities in developing countries. The performance data tables include an indicator of progress in contraceptive development. While there are fewer contraceptive methods under development or evaluation than was anticipated (28 vs. 37 expected); more have shown promise and advanced to the next stage than was anticipated (9 vs. 5 expected) (Indicator 1.1.1). Examples of results in FY98 include:

- A hormonal implant method appropriate for breastfeeding women completed Phase III trials.
- A new and improved female condom was designed and is ready for clinical trials.
- An operations research study demonstrated that male community based delivery agents, community and religious workers, and men's organizations can be very effective in increasing family planning use and preventing sexually transmitted infections. These findings will be incorporated into programs worldwide.
- Post-abortion care programs in Egypt, Kenya, Turkey, and 11 other countries are being scaled up and expanded nationwide, broadening the availability of these life-saving measures.
- As part of G/PHN's pioneering work in measuring quality of care, a protocol for collecting quality of care data has been designed and is being field tested in seven countries.
- A prototype software combining the advantages of two separate census and survey softwares has been designed. When finished, the new software will greatly facilitate training in and institutionalization of data collection skills, reduce duplication of effort and decrease costs.

Global Leadership

The principal global leadership result under SSO1 is an improved policy environment and increased global resources for family planning programs. The 1994 Cairo Conference on Population and Development committed countries to translate the rhetoric of supportive population policies into action, with a focus on improved quality, access, and gender equity, and to increase the resources available for FP/RH programs. USAID is leading the way in operationalizing the Cairo Programme of Action. G/PHN is helping to provide policy makers and program managers with the tools and information they need to implement policies and programs in accordance with the Cairo principles. Our expectation, based on experience, is that political commitment, adequate resources, and effective protocols will result in more effective and sustainable family planning programs. Highlights of results include:

- The Prime Minister of Turkey directed the Ministry of Health to mobilize government funds for public sector procurement of contraceptives, as a result of grassroots advocacy efforts in Turkey, supported by G/PHN.
- Through its cooperative agreement with G/PHN, CARE leveraged over $2 million from private donors, principally the Turner, Gates, and Hewlett foundations, to support the expansion of family planning and reproductive health programs in 33 countries.
- G/PHN awarded a new results package directed at increasing private commercial sector participation in the provision of family planning and reproductive health services, paving the way for the next generation of activities with the for-profit sector.

- The new PVO/NGO Networks project is expanding PVO/NGO participation in FP/RH through endowments, loan funds, and alternative financing mechanisms and expanding the resources available for FP/RH by leveraging funding from the participating networks.
- Providers are able to offer post-partum mothers more contraceptive choices because of investments in updating training manuals and materials to include the Lactational Amenorrhea Method (LAM).

Technical Support to the Field

G/PHN provides technical support to the field both by funding selected technical assistance activities with core funds and by making G/PHN contractual mechanisms available to field missions through field support funding and/or buy-ins. In FY98, USAID missions and regional bureaus allocated in excess of $160 million to 47 contracts and cooperative agreements for population activities. Two SSO1 results—enhanced institutional capacity and increased access to, quality of, cost-effectiveness of, and motivation to use FP/RH services—have technical support to the field as their predominant focus. Building local capacity and sustainable systems is essential to effective and efficient service delivery, program success, national-level impact, and long-term sustainability. Capacity-building activities focus on strengthening the technical and management capacity of public, private, NGO, and community-based organizations to identify problems and solutions on their own and to improve their skills for managing family planning programs in a changing environment. Some examples of success in systems strengthening in FY98 include:

- With support from G/PHN and REDSO/ESA, a regional logistics network of seven countries in East and Southern Africa was launched. The network will develop a cadre of local health sector managers capable of developing regional and country-specific strategies to make health supply systems more effective and efficient.
- Tools for supervisors to use in assessing trainee competency on the job were developed under the SEATS project and are being used in Zimbabwe.
- G/PHN support to JHU/PIP enabled the Uttar Pradesh Ministry of Health and Family Welfare to set up its own Media Materials Resource Center. The Center now provides reproductive and child health materials and information throughout the Indian state (pop. 160 million).
- G/PHN support to JHU/PCS leveraged funding and technical expertise from the Gates Leadership Institute for a joint workshop on strategic leadership and management for 35 FP/RH program managers from 15 countries.

Improved delivery of accessible, high quality, cost-effective family planning and reproductive health information and services, and increasing the demand for and motivation to use services, are critical for improving health outcomes and achieving SSO1. An indicator of increased access to information and improved knowledge about family planning options—mean number of modern contraceptive methods known—is included in the performance data tables. Married women of reproductive age reported knowing, on average, 5.8 modern contraceptive methods. This level of knowledge exceeds the goals for both 1998 (5.5 methods) and 1999 (5.7 methods) (Indicator 1.4.2).

While the examples below focus on Africa, they are illustrative of the value added of G/PHN's technical support. The achievements highlighted are all precursors to increased use by women and men of voluntary practices that contribute to lower fertility—the ultimate strategic support objective.

- As part of G/PHN's worldwide efforts to enhance male involvement in family planning and encourage responsible sexual behavior, AVSC and the Planned Parenthood Association of South Africa (PPASA) collaborated on a manual for PPASA staff to orient them to working with men.
- A simple, participatory, and quantitative tool for the assessing quality of care developed by AVSC was used in Tanzania to evaluate improved coordination between the Ministry of Health and the local IPPF affiliate to address providers' needs and clients' rights. Analyses showed that the best predictor of improvements in clients' rights was improvement in management and supervision.
- With technical assistance supported in part by G/PHN, method mix and access to FP/RH services were expanded in seven clinics in Zambia as a result of training in Continuous Quality Improvement and youth-friendly services.
- With support from G/PHN and USAID/Uganda, the Uganda Private Midwives Association (UPMA) was strengthened through training in financial management, training of trainers, and leveraging of non-USAID funds to expand UPMA's role nationwide in the provision of FP/RH services.

2. Expected Progress Through FY2001

Despite continued budget restrictions, progress is expected in key areas over the FY99-01 period. G/PHN will:

- continue pioneering research on a male hormonal method and a female barrier method.
- seek FDA approval for a female barrier method which offers dual protection against pregnancy and STD transmission.
- design and begin implementation of a multi-country study on effective strategies to reach the largest generation ever of young people.
- strengthen the capacity of NGO advocacy networks to engage in policy dialogue.
- strengthen the quality of care provided by field programs through continued emphasis on client needs, provider capabilities, systems improvements, and better monitoring and evaluation.
- implement key actions identified as part of the Cairo+5 process: improving the enabling environment, expanding access to reproductive health services, promoting gender equity, developing partnerships with NGOs, and mobilizing resources.
- expand efforts to collaborate with and leverage funding from other donors and foundations.
- provide management support to the Partners in Population and Development Program, the leading mechanism promoting South-to-South collaboration.
- launch a flagship results package that will improve access, quality and sustainability of services, and help women and men to make free and informed decisions about their reproductive lives.

- train the next generation of leaders in the population and health field through continued involvement with the Historically Black Colleges and Universities program and a new initiative with Hispanic Speaking Institutions.
- raise awareness of and attention to the linkages between population, environment, and security through continued collaboration with the Woodrow Wilson Institute.

These areas illustrate G/PHN's approach to population assistance, which is to make strategic investments in the areas that are key to improving women's reproductive health through increasing contraceptive use and lowering fertility. These areas include contraceptive research and development; contraceptive supply and logistics; social science and operations research; policy reform, evaluation; communication, management and training; and service provision.

3. Performance Data Tables

STRATEGIC SUPPORT OBJECTIVE 1: Increased use by women and men of voluntary practices that contribute to reduced fertility

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Increased use by women and men of voluntary practices that contribute to reduced fertility

INDICATOR: 1.0.1 CPR (Modern), Married women

UNIT OF MEASURE: Married women of reproductive age (percent)

SOURCE: DHS

INDICATOR DESCRIPTION: Proportion of women of reproductive age (15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant, pill, IUD, injection, vaginal methods and voluntary surgical contraception.

COMMENTS: Values are weighted averages based on available data from 46 countries.

YEAR	PLANNED	ACTUAL
1994(B)	30.9%	
1995	31.9%	32.1%
1996	32.9%	32.9%
1997	33.9%	34.4%
1998	35.6%	35.5%
1999	36.7%	
2000(T)	37.9%	
2001	39.1%	
2005(T)	43.6%	

STRATEGIC SUPPORT OBJECTIVE 1: Increased use by women and men of voluntary practices that contribute to reduced fertility

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Increased use by women and men of voluntary practices that contribute to reduced fertility

INDICATOR: 1.0.2 CPR (Modern)/Unmarried women

UNIT OF MEASURE: Unmarried women of reproductive age (percent)

SOURCE: DHS

INDICATOR DESCRIPTION: Proportion of unmarried women of reproductive age (15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant, pill, IUD, injection, vaginal methods and voluntary surgical contraception.

COMMENTS: Data for this indicator have been updated in 1997 to include the entire trend. The calculations that contribute to this trend include data for a number of years. Where a country has had two surveys, the difference between the two is used to determine the expected change per year. For countries which have had only one survey, the average change across all countries with two surveys are applied to the individual country to determine the expected change. Therefore, the addition of new countries slightly changes the previous averages and may lead to changes in the entire trend line. Values are weighted averages based on available data from 35 countries.

YEAR	PLANNED	ACTUAL
1994(B)	2.9%	
1995	3.1%	3.1%
1996	3.2%	3.2%
1997	9.3%	9.3%
1998	9.9%	10.0%
1999	10.5%	
2000(T)	11.1%	
2001	11.7%	
2005(T)	14.1%	

STRATEGIC SUPPORT OBJECTIVE 1: Increased use by women and men of voluntary practices that contribute to reduced fertility

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR 1. 1 New and improved technologies and approaches for contraceptive methods and family planning identified, developed, evaluated, and disseminated

INDICATOR: 1.1.1 # of new and current contraceptive leads/methods under development or evaluation and/or advancing to the next stage and approved by FDA

UNIT OF MEASURE: Contraceptive leads/methods

SOURCE: Project documents (CONRAD, PopCouncil, FHI)

INDICATOR DESCRIPTION: N/A

COMMENTS: Categories for contraceptive products: (a) under development/evaluation, (b) advancing to the next stage, (c) approved by FDA

YEAR	PLANNED	ACTUAL
1994(B)		a) 37 b) 0 c) 0
1995		a) 37 b) 0 c) 0
1996	a) 37 b) 5 c) 1	a) 40 b) 2 c) 0
1997	a) 40 b) 2 c) 0	a) 41 b) 7 c) 2
1998(T)	a) 37 b) 5 c) 1	a) 28 b) 9 c) 0
1999	a) 26 b) 5 c) 0	
2000(T)	a) 39 b) 5 c) 2	
2001	a) 30 b) 5 c) 2	

STRATEGIC SUPPORT OBJECTIVE 1: Increased use by women and men of voluntary practices that contribute to reduced fertility

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR 1.4 Demand for, access to and quality of family planning and other selected reproductive health information and services increased

INDICATOR: 1.4.2 Mean number of modern methods known by women of reproductive age

UNIT OF MEASURE: Number of methods

SOURCE: DHS

INDICATOR DESCRIPTION: Derived from sum of # of modern methods known by women ages 15-49 years divided by # of women surveyed

COMMENTS: Values are weighted averages based on available data from 37 countries.

YEAR	PLANNED	ACTUAL
1994(B)		4.6
1995	4.7	4.7
1996(T)	5.1	4.9
1997	5.2	5.2
1998(T)	5.5	5.8
1999	5.7	
2000(T)	6.0	
2001	6.0	

SSO2: Increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions

Based upon the reproductive health framework adopted at the International Conference on Population and Development in Cairo 1994 and the U.N. Fourth World Conference on Women in Beijing 1995, USAID G/PHN had developed a woman-centered health care approach that focused on reducing mortality and morbidity associated with pregnancy, nutritional deficiencies, sexually transmitted infections (STIs), and unsafe abortion. In July 1997 USAID's maternal health strategy was reviewed in light of static funding levels and a decision was made to revise the strategy to strengthen its focus on maternal survival. Based on a participatory process that reflected state of the art knowledge as well as the commitment of stakeholders, other donors and USAID field missions, the G/PHN SSO2 was revised to "*Increased Use of Key Maternal Health and Nutrition Interventions.*"

The revised SSO2 strategy, approved May 1998, reflects the experience of USAID and other organizations over the past decade that has confirmed the critical role of a strategy that uses a life-cycle approach to maternal survival, treats every pregnancy as one that carries risk, seeks to ensure skilled attendants at childbirth, promotes access to essential obstetric care and advocates strong political will to address the maternal mortality problem. The four specific preventive and treatment interventions in the revised SSO2 for maternal survival are: 1) promotion of improved nutritional status; 2) birth preparedness; 3) management and treatment of complications; and 4) safe delivery, postpartum and newborn care.

1. Performance Analysis

Through September 30, 1998 there were three G/PHN activities that directly supported maternal mortality reduction: 1) MotherCare II, 2) a grant to WHO for the Safe Motherhood program, and 3) a grant to UNICEF for the Mother-Friendly Societies program. Additionally there are approximately twelve CAs which have contributed to SSO2 implementation in supporting the broader women's health focus of the SSO2 strategy. As a result, a core set of feasible, low cost interventions and best practices that results in the greatest impact in reducing mortality among mothers and newborns have been identified. As of September 30, 1998 a new Maternal and Neonatal Health (MNH) program cooperative agreement was awarded that will help to expand these life-saving interventions to national level safe motherhood programs in selected countries, using appropriate approaches for low resource settings.

With the approval of the revised SSO2 strategy in May 1998, the award of the new MNH program and the continuation of other SSO2 activities, G/PHN is positioned to continue providing global leadership in technical (skills training, behavior change communications) and cross-cutting (policy, health financing, pharmaceutical management, quality assurance and measurement) areas that promote use of effective maternal health services. Global leadership is provided through presentation of research results and lessons learned at professional meetings, and in journals and special publications. Additionally, G/PHN continues to apply best practices in selected countries, provide state of the art technical assistance, test low cost, appropriate technologies and approaches, and support capacity building of host-country counterparts.

Research and Evaluation
This area addresses constraints to effective implementation of interventions through testing models or approaches to reduce maternal mortality. Accomplishments from FY98 include:

- *Vitamin A*: In a study in Nepal, a simple history of night blindness was shown to identify women at high risk of morbidity and mortality during and following pregnancy, making it possible to target these women for special nutritional support, antenatal care and counseling. Weekly supplementation with vitamin A was only 70% effective in preventing the condition, suggesting that other nutrients (e.g., zinc) and/or concurrent health conditions may have a role in maternal night blindness and its consequences.

- *Micronutrients*: In Bolivia an operations research activity is being implemented to increase the knowledge and intake of micronutrients for women of reproductive age through social marketing of a multivitamin/mineral supplement.

- *Anemia*: Preliminary evaluation results from an innovative pilot study conducted in South Kalimantan, Indonesia, indicate encouraging gains in addressing iron deficiency prior to pregnancy. Ministry of Religion officers counsel on iron deficiency anemia prevention and control at the time of marriage registration, as do health center staff when they administer required tetanus toxoid immunizations to future brides. One month after the intervention began, anemia prevalence was reduced in the study population by approximately one third.

- *Diagnostics:* A simple one-step diagnostic for syphilis developed with G/PHN support is now being manufactured commercially. Field studies in India, South Africa, Alabama and Mexico all have demonstrated that the test is highly sensitive in diagnosing syphilis, especially in low resource settings. Additional prospective studies are in progress in Philippines, Mexico and are being planned for South Africa and Malawi.

Global Leadership
This area sets the policy environment and framework for the allocation of resources to maternal health and nutrition. Accomplishments from FY 98 include:

- *Quality of Care:* In Uganda, a hospital review of the critical pathways of care provided to patients presenting with pregnancy-associated hypertensive disorders and hemorrhage, the two leading causes of obstetrical mortality in the hospital, revealed that the care actually provided was less effective due to poor planning and organization. Based on these observations, a standardized instrument for planning and recording the care received by patients with certain conditions is being adapted and tested as a tool to organize care.

- *Reproductive Health Commodities:* A newly developed Cost Estimation Strategy (CES) for RH commodities, recently field-tested in Kenya, will soon be available as a policy tool for procurement decisions which may result in cost reduction/containment and quality improvement. The CES user's guide and software will be field tested in a second country prior to wider dissemination.

- *Adolescents*: A generic Guide to National Young Adult Reproductive Health Policy Advocacy and an Adolescent RAPID model that can be adapted globally have been developed with G/PHN support. These tools have been instrumental in launching the Bolivian National Youth Initiative and Ghana's National Adolescent Reproductive Health Strategy.

- *Measurement*: Use of national census data to measure maternal mortality was assessed and found to be a promising approach for developing countries. Results of the analysis suggest that this approach could be used to replace the expensive, special data collection activities that are currently in place. These results were based on an evaluation of data from Benin, Iran, Laos, Madagascar and Zimbabwe.

- *Evaluation*: The Demographic and Health Survey (DHS) underwent a year long review and revision process resulting in an increased focus on use of pre-natal, delivery and post-partum services, as well as HIV/AIDS and other STIs. A facility-based survey instrument is being designed to assess availability of health services, including pre-natal, delivery, post-partum, family planning and STI services. These two survey instruments are designed so that household data will be linked to facility data.

- *Communications*: A four-page fact sheet "Making Pregnancy and Childbirth Safer", explaining the major problems associated with maternal mortality and the interventions needed was prepared for non-technical audiences. This was initially distributed as part of USAID's World Health Day packet for the Year of Safe Motherhood, and has subsequently been translated into French and Spanish. There has been worldwide distribution and translation will soon be available in Arabic.

Technical Support to the Field

This area addresses the need to deliver quality services closer to the community and to improve the quality of training and service delivery. Accomplishments from FY98 include:

- *Dietary Diversification*: In Bangladesh, local NGOS are providing gardening and nutrition education to more than 350,000 pregnant and lactating women to increase production and consumption of micronutrient rich fruits and vegetables. Twelve of these NGOs have now graduated from technical assistance and are continuing these programs on their own.

- *Fortification*: Following an assessment of the food industry and products in Malawi, an indigenous blended commercial cereal product used in feeding children and women has been identified for nutritional improvement through technical assistance in appropriate fortification, processing, marketing, distribution and retailing.

- *Quality Care:* In Zambia, adolescent antenatal care training conducted for nurses and midwives was evaluated. Eighty-seven percent of those trained reported a change in their attitude toward adolescents and 43% noted an improvement in interpersonal communication skills. More than half (65%) reported encouraging fellow staff to change their attitude toward adolescents.

- *Quality Care*: In selected regions of Guatemala, an increase in the use of health services by women with obstetric complications increased from an average of 7.2% in 1995 to 34.5% in 1998. These changes are attributed to improvement in quality services and a large Information, Education and Communications (IEC) campaign.

- *Standards of Care*: In Egypt, physician and nursing protocols for basic maternity care and management of maternal and perinatal complications were newly developed or revised. Based on these new protocols, new service standards for basic maternity care and essential obstetric care were developed.

2. Expected progress through FY2001

G/PHN anticipates continued but expanding progress for SSO2 for FY2000 and FY2001 in the four technical areas that are the focus of the revised SSO2 strategy. The new MNH program is planning, where possible, activities in countries that have high levels of maternal mortality in response to G/PHN's request to focus on countries with the greatest need for improved maternal health services. The static level of funding for SSO2 means that USAID and its implementing partners need to continue to look for opportunities to leverage funds and collaborate on scaling up life saving interventions in selected countries. G/PHN is in the process of revising the SSO2 performance monitoring plan. Utilizing a participatory process with its partners and stakeholders, the SSO2 team is seeking to reach consensus on indicators and establish baselines and targets.

Examples of key anticipated results are:

MNH Country Programs developed: Strategies and detailed implementation plans will be prepared for 10 or more countries in response to Mission requests for assistance with improved programming in maternal health and survival. Collaboration with DFID, UNFPA, UNICEF, the World Bank, other donors and USAID CAs, as appropriate, will be done at country level to ensure the best utilization of technical and financial resources.

Global Leadership: G/PHN anticipates supporting additional vitamin A supplementation trials to validate the benefits among pregnant women and addressing issues related to the distribution of iron.

Research and Evaluation: Demonstration and research activities in Guatemala, Bolivia and Indonesia will be completed and results reported and disseminated.

3. Performance Data Tables

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: SSO (see above)

INDICATOR 2.0.2: Percent of births in selected priority countries attended by medically trained personnel.

UNIT OF MEASURE: Percent

SOURCE: DHS

INDICATOR DESCRIPTION: The proportion of births attended by trained health personnel, excluding traditional birth attendants.

COMMENTS: Includes data from the following countries: Bolivia, Egypt, Guatemala, Honduras, Indonesia, Morocco.

The 1998 actual value increased as a result of new DHS reports from Indonesia (from 36.5 to 43.2) and Egypt (from 46.3 to 56.4).

Planned targets are calculated from the 1994 baseline. Performance is based upon not only USAID program performance, but also performance of the government, NGOs and other donors.

All SSO2 indicators and targets are currently undergoing review and will be revised during FY99.

YEAR	PLANNED	ACTUAL
1994 (B)		38%
1995	39%	39%
1996	40%	40%
1997	41%	40%
1998	42%	45.5%
1999	43%	
2000		
2001		

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR 2.1 Approaches and technologies to enhance key reproductive health interventions: identified, developed, evaluated and available.

INDICATOR: 2.1.1 Models or techniques for evaluating the impact of low dose vitamin A on post-partum and neonatal sepsis.

UNIT OF MEASURE: IDED scheme: Identified, Developed, Evaluated, and Disseminated

SOURCE: MotherCare / Vitamin A for Health

INDICATOR DESCRIPTION: A method or model for evaluating the impact of low dose vitamin A supplements on post-partum and neonatal sepsis.

COMMENTS:

Cntry	I	D	E	D
Indonesia				X
Nepal				X

All SSO2 indicators and targets are currently undergoing review and will be revised during FY99.

YEAR	PLANNED	ACTUAL
1994 (B)		I - 1
1995	I – 1 E – 1	D - 2
1996	D – 1 E – 1	E - 2
1997	E – 2	E - 2
1998	E – 1 D – 1	E - 1 D – 2
1999		
2000		
2001		

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR 2.1 Approaches and technologies to enhance key reproductive health interventions: identified, developed, evaluated and available.

INDICATOR: 2.1.2c Approaches evaluated: costs of provision of essential obstetric care.

UNIT OF MEASURE: IDED scheme: Identified, Developed, Evaluated, and Disseminated

SOURCE: MotherCare, Population Council, Rational Pharmaceutical Management, POLICY Project

INDICATOR DESCRIPTION: Methods and models used to evaluate/track the costs of the provision of essential obstetric care.

COMMENTS:

Cntry	I	D	E	D
Bolivia				X
Guatemala			X	
Indonesia	X			
Global 1*		X		X
Global 2*		X		X
ESA/PAC**	X			
RPM/Kenya***		X		X
POLICY/ESP****		X		
POLICY/SM*****		X		

* Global 1 is POLICY/Costing Cairo IV and Global 2 is POLICY/RH Literature Review

** Post Abortion Care (ESA-East and Southern Africa, Other-Other Africa)

*** Rational Pharmaceutical Management, Cost Estimation Strategy

**** POLICY, Essential Services Package

*****POLICY, Safe Motherhood Computer Model

All SSO2 indicators and targets are currently undergoing review and will be revised during FY99.

YEAR	PLANNED	ACTUAL
1994 (B)		D - 2
1995	I – 1 E – 2	D – 2
1996	I – 1 D – 1 E – 2	D – 4 E – 2
1997	I – 1 D – 2 E – 3 D - 1	I – 1 D – 3 E – 3 D – 1
1998	I – 1 D – 1 E – 4 D – 3	I – 2 D – 5 E – 1 D – 4
1999		
2000		
2001		

STRATEGIC SUPPORT OBJECTIVE 2: Increased use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions.

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR2.3: Access to essential obstetric services increased in selected countries

INDICATOR: 2.3.1 Percent of adults with knowledge of complications related to pregnancy and childbirth.

UNIT OF MEASURE: Percent

SOURCE: MotherCare

INDICATOR DESCRIPTION: Percent of all adults who can identify four of seven warning signs of maternal complications of pregnancy and childbirth.

COMMENTS: Actual levels are greater than planned but includes only data from two countries, Indonesia and Egypt. Planned targets are an estimate, since there are no national data available on this specific indicator. It is not assumed that progress will be linear. Actual levels are from small demonstration areas.

All SSO2 indicators and targets are currently undergoing review and will be revised during FY99.

YEAR	PLANNED	ACTUAL
1996 (B)	<5%	25%
1997	6%	25%
1998	10%	37.5%
1999		
2000		
2001		

SSO3: Increased use of key child health and nutrition interventions

1. Performance Analysis

SSO3 represents G/PHN's principal contribution to achievement of the Year 2000 goals set forth at the 1990 World Summit for Children, and to the Agency's objective of improving infant and child health and reducing infant and child mortality. The four intermediate results under SSO3 aim at maximizing G/PHN's contribution to the USAID and global efforts to increase the use of interventions that improve child survival, health, and nutrition.

Progress made under SSO3 during the past year is generally on track to, or ahead of, the planned IR targets. However, as pointed out in last year's report, review of aggregate SO level indicators reveals that progress in use of key interventions is inadequate to reach the World Summit Goals by 2000. While some countries and regions continue to make more rapid progress, there is evidence of leveling off and even declines countries, including India and much of sub-Saharan Africa. This conclusion is supported by recent reviews of immunization in Africa (WHO/AFRO) and of child survival in India (World Bank). As noted last year, such slowing of progress may be the result of reduced investment in core interventions in the face of competing priorities and diffusion of the agenda of international agencies, reform and reorganization of the health sector in many countries, and sub-earmarking of Child Survival funds. The major challenge for G/PHN and the Agency will be to develop strategies to focus the resources of the global community on the most effective and relevant interventions, while continuing to make concrete progress and contributions within our manageable interest.

SSO3 and USAID's Child Survival program include multiple interventions. This section provides examples from selected technical areas to demonstrate progress made during 1998 and planned accomplishments through 2001. The accomplishments in these areas are presented in relation to G/PHN's key functions of *research and evaluation, technical leadership,* and *field support* and illustrate the *global impact* of G/PHN's contributions. Selected indicators related to these examples are presented in the accompanying data tables. With targets for a number of the IR level indicators set (and met) in 1998, G/PHN will undertake review and revision of its strategic plan and IR indicators during 1999. In response to Agency guidance and conclusions of the recent GAO review, our SSO level indicators have been revised to make the methodology consistent with other SSO's and to most reasonably estimate the status of key interventions.

Research and Evaluation

Activities in this area identify new interventions and technologies to provide feasible and cost-effective solutions to critical problems of child health and nutrition in developing countries, and improve the effectiveness of existing approaches. The following are selected examples of G/PHN's research and evaluation progress during 1998.

Immunization: G/PHN supported evaluation of the second major ARI vaccine -- the children's vaccine against *pneumococcus;* one large scale trial demonstrated very high levels of protection in young children, and additional trials in developing countries are underway (indicator 3.1.1a). G/PHN also supported research on key issues affecting Polio Eradication (such as possible prolonged poliovirus transmission among immuno-compromised children).

Micronutrients: Key findings from G/PHN supported research on vitamin A identified ways to significantly improve vitamin A status (through postpartum supplementation of breastfeeding women, fortification of bread), reduction of episodes of malaria in children by one-third, and improved birthweight of infants of HIV-positive women (but no effect on vertical HIV transmission). Iron research found over 50% reduction of severe anemia, without increased morbidity, through low-dose supplementation in a malaria-endemic area. Zinc research documented that up to 50% of children in developing countries may be zinc deficient, and that zinc supplementation significantly reduced the occurrence and severity of childhood diarrhea (by 25%), ARI (by 41%), malaria (by 40%), and mortality in low-birthweight infants (by 34%).
Nutrition: The Minimum Package of Nutrition-Related Behaviors (MinPak) in Madagascar yielded improvements in pregnant women consuming iron supplements, breastfeeding, proportion of mothers receiving vitamin A supplements, and supplementary feeding, and use of iodized salt.
Malaria: Two new rapid malaria diagnostics demonstrated efficacy and feasibility in remote clinic settings in Peru and Malawi.
IMCI: With PAHO and essential drug representatives from seven countries, G/PHN developed and field tested in Ecuador and Bolivia Drug Management for Childhood Illness (DMCI), a tool to assess availability and use of IMCI drugs and supplies; DMCI was adopted by PAHO, implemented in Honduras, and is being adapted with WHO/AFRO for use in Africa.

Global Leadership
Activities in this area involve working to set the technical agenda for child health and nutrition, develop a favorable policy environment, promote allocation of resources, and encourage the participation of a broad range of partners in Child Survival programs. Examples of G/PHN's progress during 1998 include:

Immunization: The systematic approach pioneered by G/PHN, WHO, and CDC to developing and introducing new vaccines helped stimulate global support for these interventions, including commitments by vaccine manufacturers to provide these vaccines at very reduced prices and major commitments to supporting new vaccine introduction through this approach by both the World Bank and the Gates Foundation. G/PHN initiated development of strategies to increase country-level financing for immunization programs, undertaking a comprehensive review of financing and costs of immunization programs, and initiating case studies in four countries to provide lessons and recommendations for other countries and the international health community. Altogether a total of 70 countries are now meeting their vaccine funding targets (Indicator 3.2.1), partly through the UNICEF/USAID initiated Vaccine Independence Initiative.
Immunization (Polio): In partnership with regional bureaus, G/PHN managed almost half of USAID's $25 million in polio funds, and was instrumental in strengthening partner coordination at the country, regional and international levels; G/PHN also worked with Voice of America and Worldnet TV to generate over 500 broadcasts in 19 languages, increasing participation in NIDs.
Micronutrients: G/PHN's VITA Effort resulted in high-level involvement by UNICEF and CIDA and active promotion of vitamin A through UNICEF field programs; VITA also developed an active partnership with major private sector companies to promote access and use of supplements, production of fortified foods, and improved dietary intake of vitamin A.
Nutrition: G/PHN partnered with other bureaus, UNICEF, and WHO to identify key research issues and develop policy guidelines regarding breastfeeding in areas of high HIV prevalence.

IMCI: G/PHN was among the leaders in development of the IMCI community component, developing an active partnership with the CORE group of PVOs to ensure that the PVO experience is represented in the further development of IMCI.
Malaria: G/PHN led in organizing an international conference on insecticide treated mosquito nets (ITMs); the Proceedings of this conference guided new program designs throughout Africa.
Environmental Health: G/PHN collaborated with UNICEF to develop tools for improving national sanitation policies and for designing programs, and supported the development and refinement of environmental health indicators for country programs.
Health Policy and Financing: G/PHN led in the development and utilization of National Health Accounts (NHAs), which compile data on a country's spending on health in order to develop and monitor policy interventions, assess sector reforms, and monitor resource allocation to key elements of health care (including Child Survival interventions).
Monitoring and Measurement: G/PHN provided technical leadership and support for revision of the Demographic and Health Survey (DHS), involving a broad coalition of data users, and supported design of a health facility survey that measures child health, antenatal, STI, and family planning services, incorporating existing instruments from WHO and other organizations.

Technical Support to the Field
G/PHN enters partnerships with countries and field missions, applying its expertise to increase impact of programming, learn from country experiences, and feed back experience to other countries and to broader Agency and global approaches. Examples of accomplishments during 1998 include:

Immunization: G/PHN helped facilitate agreements to increase support for the PEI in Africa under the US-Japan Common Agenda, and provided technical assistance in carrying out PEI activities in priority countries, including key assistance that supported the D.R. of Congo in achieving over 90% success in Immunization Days in 125 health zones, despite conflict and instability. Altogether, G/PHN provided assistance and support to immunization and polio activities in 12 countries.
Micronutrients: As of 1998, 61 countries had policies to ensure some vitamin A supplementation of children, over 55 countries have implemented programs, and in 30 countries reported coverage exceeds 50 percent; USAID provided substantial assistance for the establishment of the policies and guidelines in 16 of these countries (indicator 3.4.3a). Under the VITA Effort, G/PHN established partnerships with 11 priority countries to improve policies and resource allocation to vitamin A, and to expand delivery of vitamin A to high-risk populations. G/PHN also collaborated with WHO and individual countries to increase the number of children receiving vitamin A capsules through polio NIDs and catalyzed initiation of a national sugar fortification program in Zambia, the first such program outside of Latin America.
Nutrition: With USAID/Honduras and CARE, G/PHN assisted development of Honduras Integrated Child Care (AIN) program and initiated evaluation of the program in 100 communities.
Nutrition: With AFR/SD, G/PHN supported development of a network of francophone nutritionists to promote information exchange and identification and dissemination of best practices in this region where child malnutrition is highly prevalent.
IMCI: G/PHN continued its active partnership with the Africa and LA/C Bureaus, WHO/Geneva, UNICEF, U.S. PVOs, PAHO, WHO/AFRO, field missions, and countries in further development

and implementation of this strategy, which has now been adopted in over 50 countries (indicator 3.4.3b).

Malaria: G/PHN catalyzed a U.S.-Japan partnership in Zambia, with JICA agreeing to provide $4 million in commodities to support implementation of USAID/Lusaka-G Bureau's Africa Integrated Malaria Initiative (AIMI). Building on experience in Malawi and Zambia, G/PHN also assisted the Government of Kenya in developing a new malaria drug policy, after an AIMI-supported national study showed treatment with chloroquine to result in a failure rate over 80%.

Environmental Health: G/PHN provided support to improve community, domestic, and personal sanitation and hygiene in Benin and Bolivia, and to improve environmental health conditions for the urban poor in Haiti, Jamaica, and Peru.

Health Policy and Financing: G/PHN completed six NHA analyses in Latin America, and began analyses in another eighteen African and Middle Eastern countries.

2. Expected Progress Through FY 2001

A key activity during this period will be working with UNICEF and other partners to coordinate collection and analysis of data on progress toward the year 2000 World Summit for Children goals, and using this information to develop new strategies and reinvigorate commitment for further improvement in child survival, health, and nutrition. Additional planned progress includes:

- Supporting and monitoring trials of key new vaccines, and developing strategies and methods for sustainable financing of immunization programs and the introduction of new vaccines.
- Supporting Polio Eradication in priority countries and regions, working with partners to identify and overcome obstacles to successful polio eradication, and examining the PEI experience and other factors to develop recommendations for field missions and global partners regarding options for accelerated control of measles.
- Helping USAID regions and missions restore, stabilize and expand immunization coverage in the face of reform and restructuring of health sectors, and improving the safety of immunization and other injections in the face of the HIV epidemic.
- Expanding high-level support for vitamin A through advocacy activities (including a launch of the Global VITA Alliance hosted by the First Lady), and providing support for and leadership in the International Vitamin A and Nutritional Anemia Consultative Groups (IVACG and INACG).
- Supporting additional key micronutrient research, and working with partners to identify improved approaches to delivering vitamin A to deficient children and expanding program applications of micronutrient interventions to reach malnourished children in priority countries; this will include assistance to vitamin A programs in 6-8 additional countries.
- Developing approaches to reduce child anemia in malaria-endemic areas.
- Supporting further development and expansion of approaches to integrate key nutrition interventions into maternal-child health programming, including expansion of the MinPak approach and implementation and evaluation of community-based nutrition programs.
- Working with partners to test breastfeeding counseling guidelines for mothers in high HIV/AIDS prevalence areas, linked to efforts to provide HIV testing and counseling.
- Continuing support for implementation of IMCI, using this initiative to strengthen delivery of child health services and increasing community and family contributions to improving child health and nutrition; with WHO and the World Bank, completing early assessments of costs of

IMCI implementation, and initiating a prospective study of IMCI effectiveness and cost-effectiveness.

- Implementing and evaluating public-private collaboration for introduction, promotion, and maintenance of ITMs in Africa, expanding AIMI activities in four African countries, and providing additional support for malaria endemic areas of Latin America and south Asia.
- Supporting completion of the national health accounts analyses in 18 countries, establishing national NHA teams and mechanisms for ensuring that the data is used for policy decisions.

3. Performance Data Tables

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Increased Use of Key Child Health and Nutrition Interventions

INDICATOR: 3.0.1a Percent of children fully immunized by age 1

UNIT OF MEASURE: Children 12-23 months of age immunized by age 1

SOURCE: DHS

INDICATOR DESCRIPTION: Children receiving 3 doses of DPT and Polio, as well as one dose of measles before 1 year of age.

COMMENTS: Data available for 43 countries in 1998.

Actuals have been revised from 1994 through 1998 due to the adoption of a new linear extrapolation calculation method that provides a more representative estimate of global levels.

YEAR	PLANNED	ACTUAL
1994 (B)		37.4%
1995		38.9
1996		40.4%
1997	43%	41.8%
1998	43%	43.3%
2000 (T)	45%	
2001 (T)	46%	
2005 (T)	51%	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Increased Use of Key Child Health and Nutrition Interventions

INDICATOR: 3.0.2a Percent of children under age five receiving ORS, recommended home fluids or increased fluids for diarrhea

UNIT OF MEASURE: Children under five with diarrhea

SOURCE: DHS

INDICATOR DESCRIPTION: Proportion of all cases of diarrhea in children under 5 treated with ORS and/or recommended home fluids or increased fluids.

COMMENTS: Data available for 47 countries in 1998.

Baseline recalculated using DHS data.

Actuals have been revised from 1994 through 1998 due to the adoption of a new linear extrapolation calculation method that provides a more representative estimate of global levels.

FY2000, FY2005 Targets revised based on program experience to date.

YEAR	PLANNED	ACTUAL
1994 (B)		54.5%
1995		56.7%
1996		58.6%
1997	61%	60.4%
1998	62%	62.2%
2000 (T)*	65%	
2001 (T)*	65%	
2005 (T)*	70%	

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR 3.1 New and improved cost-effective interventions developed and disseminated

INDICATOR: 3.1.1a Technologies evaluated: ARI conjugate vaccines (a) Hib (b) Pneumo.

UNIT OF MEASURE: IDEA Scheme: Identified, Developed, Evaluated, Available

SOURCE: G/PHN

INDICATOR DESCRIPTION: ARI vaccines being developed in various combinations.

COMMENTS: The evaluation stage for the pneumo. vaccine is expected to take 4 years to complete.

YEAR	PLANNED	ACTUAL
1994 (B)		(a) D-1 (b) I-1
1995		(a) E-1 (b) I-1
1996 (T)	(a) E-1 (b) D-1	(a) E-1 (b) D-1
1997	(a) E-1 (b) D/E-1	(a) A-1 (b)D/E-1
1998 (T)	(a) A-1 (b) D/E-1	(a) A-1 (b) D/E - 1

STRATEGIC SUPPORT OBJECTIVE 3: Increased Use of Key Child Health and Nutrition Interventions

APPROVED: Dec. 1995 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: IR 3.4 Improved quality and availability of key child health/nutrition services

INDICATOR: 3.4.3 Number of selected countries with program guidelines in place for: (a) micronutrient deficiencies; and (b) ICM of sick children

UNIT OF MEASURE: Number of countries

SOURCE: (a) PHNC program records, (b) WHO

INDICATOR DESCRIPTION: (a) clearly defined micronutrient implementation strategy in place, (b) ICM strategy in place

COMMENTS:

YEAR	PLANNED	ACTUAL
1995 (B)		(a) 8 (b) 0
1996 (T)	(a) 11 (b) 4	(a) 12 (b) 4
1997	(a) 13 (b) 6	(a) 12 (b) 17
1998 (T)	(a) 17 (b) 8	(a) 16 (b) 50

SSO4: Increased us of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

The rapid spread of the HIV/AIDS epidemic remains a serious threat to both public health and sustainable development in many countries in the developing world. The United Nations Joint and Co-Sponsored Programme on AIDS (UNAIDS) estimates that 47.3 million adults and children have been infected with the human immunodeficiency virus since the disease was first identified. Of that total, 13.9 million have died. According to the World Health Organization (WHO), the global total of infected individuals could reach 60 million by the year 2000, with over 6 million new infections occurring each year. The majority of this increase will take place in the developing world, where 90 percent of current infections exist. In addition, WHO estimates that 333 million new cases of sexually transmitted infections (STIs), other than HIV, occur every year. In developing countries, STIs rank second only to maternal morbidity and mortality as a cause of healthy life years lost among women 15 to 44 years of age. In the most seriously affected countries, the HIV/AIDS epidemic reduces productivity and GNP per capita and creates an enormous human and financial burden for the health care system. The potential political and economic destabilizing effects of HIV/AIDS are profound.

In response to the changing face of the pandemic, USAID's strategy is designed to both expand efforts to prevent HIV transmission among vulnerable populations and a new emphasis on mitigating the epidemic's impact on people and communities, while more closely monitoring the social, economic, and policy impact. According to a recent GAO report: "Despite the continued spread of HIV/AIDS in many countries, USAID has made important contributions to the fight against HIV/AIDS. USAID-supported research helped to identify interventions proven to curb the spread of HIV/AIDS that have become the basic tools for the international response to the epidemic." (GAO Report: HIV/AIDS: USAID and U.N. Response to the Epidemic in the Developing World, page 4, July, 1998)

1. Performance Analysis

Through September 30, 1998 USAID's HIV/AIDS program has continued to focus on three proven approaches to HIV/AIDS prevention, each of which, has had demonstrable impact in multiple country settings:

- reducing "high risk" sexual behavior through behavioral change interventions (BCI);
- increasing demand for and access to condoms, mainly through condom social marketing (CSM) programs;
- treating and controlling sexually transmitted infections (STIs).

In addition, the expanded program includes selected basic care and psycho-social support for HIV infected individuals and their survivors which will enhance prevention efforts as well as support for HIV/STI surveillance systems to improve our understanding of the growth of the epidemic and assess the impact of interventions. The program also has innovative initiatives to perform operations research to identify "best practice"; to expand policy dialogue to include issues such as discrimination and resource allocation; to increase PVO/NGO capacity building; and to conduct targeted biomedical research for the development of essential technologies for use in low resource settings.

In 1998, the PHN Center placed an emphasis on (1) the "start-up of the new SSO4 components to begin delivery of improved, prevention and mitigation services, (2) developing very close coordination and collaboration between the various SSO4 components, and (3) providing technical support to Missions and Regional Bureaus. In addition, G/PHN program leadership and financial support have promoted the continued growth of the **UNAIDS** Program -- a major new structure and approach co-sponsored by six United Nations organizations to coordinate UN efforts on HIV/AIDS prevention and care.

While reductions in HIV incidence is the ultimate goal of USAID prevention and mitigation efforts, this rate is technically difficult and costly to measure in either select or general populations. Instead, USAID measures its HIV/AIDS activities using "proxy" indicators such as behavioral change and condom sales which public health experts agree are reasonable indicators of changes in HIV incidence (GAO Report: July, 1998, pp. 27-28). Under its new SSO4 (1998-2002), USAID has established new performance data baselines and goals for most indicators. Some SSO4 indicators are still under development.

Research and Evaluation

USAID has continued to support basic research and program evaluation to improve the effectiveness of HIV/AIDS prevention and mitigation programs. During this past year, the Center has initiated 66 research activities that are in various stages of review or implementation. Examples include studies on the female condom (Zimbabwe, Brazil), voluntary HIV testing and counseling (Uganda, Tanzania) and using a community approach to reducing HIV transmission through commercial sex (India). Other studies include: integrating HIV/AIDS into antenatal care and/or family planning services, testing strategies to achieve 100% condom use in sex establishments, studying the effect on prevention of involvement in caring for HIV/AIDS patients, and expanding male condom use.

This research programs also includes several large scale studies that address issues of STI prevention and treatment among miners, truck drivers, agricultural workers and commercial sex workers in Zambia, Zimbabwe, South Africa and Ghana. Collectively, the findings from these studies should help to inform the debate about focussing on core transmitters as the best approach to controlling the epidemic. Other studies focus on expanding and improving STI treatment for the general population. These include the potential of social marketing STI drugs and development of a program guidance tool for addressing reproductive tract infections.

The Center has also supported the development of a sexual behavior survey methodology which will be incorporated into the design of improved, integrated (behavioral/ epidemiological) HIV surveillance systems. The validation of the AVERT Model was completed this year and the model, which estimates the number of HIV infections "averted" by various prevention interventions, is being distributed for use in the field. In the last year, G/PHN staff have worked closely with **MEASURE1/DHS+** to revise the HIV/AIDS questions in the DHS "core" questionnaire and both the male and female HIV/AIDS modules. Presently, both the new "core" and modules are being field tested.

Global Leadership

G/PHN continues its role as global leader by promoting the use of the most effective prevention interventions at the national and international levels. During recent (1997) joint senior level US-Russian bilateral assistance meetings, the U.S. Government made a commitment to assist with the development of an HIV/AIDS prevention strategy for Russia. As part of that commitment, a delegation of high level Russian health officials visited the United States in March, 1998 to observe public and private responses to HIV/AIDS in the U.S. and internationally. G/PHN organized this 10-day study tour to four American cities. The visitors also met with HIV/AIDS prevention specialists at USAID, CDC, NIH, and the White House. Subsequently, at the invitation of the Russian government, a USAID/CDC team visited Russia to design a USG strategy to assist the Russian national HIV/AIDS prevention program. This program, currently operating in two Oblasts, is being reviewed by the World Bank as a model for an expanded program.

A strong and supportive policy environment is crucial to the implementation of successful programs to prevent the spread of HIV, support those who are infected, and mitigate the impacts of the epidemic. This year, G/PHN has supported HIV/AIDS policy development activities in 13 countries as well as improvements in the AIDS Impact Model (AIM) by adding modules on TB, human rights implications and the establishment of an international database of HIV/AIDS policies and laws.

USAID is a founding member and major contributor to the **International HIV/AIDS Alliance** that has established NGO support programs in 12 countries. In 1998, the **Alliance** developed new models of NGO mobilization in India and shared its lessons and approaches with local organizations in Mexico. This program has proven effective in transferring donor resources to local level organizations and in expanding HIV/AIDS prevention programs through established NGO/CBO networks. Many of the 500 organizations that have received **Alliance** support to date were already providing other (non-HIV/AIDS related) services to their communities.

With G/PHN support, the **Bureau of the Census (BuCen)** continues to update the HIV/AIDS Surveillance Data Base. Two versions of the HIV/AIDS Surveillance Data Base were released during this time period -- in January and July, 1998. The July version, released on CD-ROM for the first time, also contained HIV prevalence information for Romania, Ukraine and Russia.

G/PHN is collaborating with **UNAIDS**, and other organizations to develop the AIDS Program Effort Index. This Index, which will measure the level of effort in country responses to the AIDS epidemic, will be used by **UNAIDS** to document changes in national programs. **UNAIDS** plans to collect baseline data in over 60 countries in 1999.

G/PHN, in collaboration with **MEASURE2/Evaluation**, the Africa Bureau, WHO, and **UNAIDS**, is developing an improved set of guidelines to monitor and evaluate national HIV Prevention, AIDS care, and STD control programs. These "guidelines" will be completed by December, 1999 and will become the worldwide standard for monitoring and evaluation methodology.

Technical Support to the Field
Throughout the year, G/PHN staff have actively provided technical assistance in program design, implementation, and evaluation to missions and regional bureaus. In addition, G/PHN continues to managed the timely implementation of the new SSO4 portfolio which by the end of FY98 had received requests for assistance from 46 countries and all four Regional Bureaus.

G/PHN staff also actively provide technical support to other international partners. As members of Monitoring and Evaluation Reference Group (MERG), G/PHN participated in the development and revision of the **UNAIDS** Monitoring and Evaluation Plan which was approved by the UNAIDS Programme Coordinating Board (PCB) in December, 1998.

The imminent launch of DMELLD (Design, Monitoring & Evaluation, Lessons Learned, Dissemination) in early FY99 will provide Missions and Regional Bureaus with specialized technical assistance for program design/M&E and establish a system to continuously identify and disseminate lessons learned in the field to a broad professional audience.

2. Expected Progress through FY2001
Over the next 4 years (1999 - 2002), USAID intends, through its collaboration and support to indigenous public and private sector institutions to reach over 50 million vulnerable persons with comprehensive HIV/AIDS prevention and mitigation interventions.

The following is a list of major accomplishments that G/PHN expects to achieve between now and FY 2001 toward the reduction of STI/HIV transmission:

- G/PHN will support the continuation of the Agency's global leadership and field support in HIV/STI prevention through technical collaboration and financial support to the United Nations Programme on HIV/AIDS (UNAIDS).
- CSM projects will continue to increase demand for and use of condoms. Increases in sales are expected to continue to grow reaching more than 65 million per year by 2001.
- Over the next two years, 19 USAID-assisted countries, 90% of all NGOs funded through the G/PHN HIV/AIDS/STI portfolio will have essential management systems and skilled staff persons and 85% of the Alliance-assisted NGOs will have strategic plans articulated for HIV/AIDS prevention and services.
- Through the application of local behavioral research, and through innovative used of established behavior change interventions (BCI), G/PHN expects to bring appropriate knowledge of HIV prevention methods up to 40% in 1998, and to 55% in the year 2001 in HIV emphasis countries.
- By the year 2001, G/PHN will increase the proportion of people presenting with STI complaints at health facilities who are treated according to national standards to 45% in those clinical settings supported by USAID.

In addition, G/PHN will intensify efforts to encourage greater participation of people living with HIV/AIDS in the design, implementation, and evaluation of prevention activities as well as build a global consensus on the other intervention priorities, especially the role of care interventions within our comprehensive programs. This was identified as a priority during the "reengineered" participatory process that resulted in the Agency's expanded response to the global HIV/AIDS epidemic.

3. Performance Data Tables

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

APPROVED: 1/10/97 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

INDICATOR: 4.0.2 Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a regular sex partner

UNIT OF MEASURE: percent

SOURCE: DHS, BSS

INDICATOR DESCRIPTION: Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a regular sex partner, among respondents who report having a regular partner.

COMMENTS: A regular partner is defined as someone with whom a person has been having a sexual relationship for 12 months or more.

YEAR	PLANNED	ACTUAL
1998 (B)		M=40% F=35%
1999		
2000		
2001	M=45% F=40%	

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

APPROVED: 1/10/97 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

INDICATOR: 4.0.3 Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a non-regular sex partner

UNIT OF MEASURE: percent

SOURCE: DHS, BSS

INDICATOR DESCRIPTION: Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a non-regular sex partner, among the respondents who report having had at least one non-regular partner in the past 12 months.

COMMENTS: A non-regular partner is defined as a sexual partner with whom a person has had a sexual relationship for less than 12 months.

YEAR	PLANNED	ACTUAL
1998 (B)		M=45% F=65%
1999		
2000		
2001	M=60% F=80%	

STRATEGIC SUPPORT OBJECTIVE 4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

APPROVED: 1/10/97 **COUNTRY/ORGANIZATION:** G/PHN

RESULT NAME: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

INDICATOR: 4.1.1 Percent of select group citing at least 2 acceptable (accurate) ways of reducing risk from HIV infection

UNIT OF MEASURE: percent

SOURCE: DHS, BSS

INDICATOR DESCRIPTION: The proportion of the total number of people surveyed who can identify two or more correct methods of reducing their risk of HIV infection.

COMMENTS: Correct methods for HIV prevention include condom use; partner reduction (especially of high-risk partners); mutual monogamy; no "casual" sex; abstinence from sex; and avoiding injection with contaminated needles. However, in order to be counted in the analysis as having cited two correct methods, the respondent must mention condom use and some form or partner or avoiding injection with contaminated needles

YEAR	PLANNED	ACTUAL
1998 (B)		40%
1999		
2000		
2001	55%	

SSO5: Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance

In August 1998, G/PHN's newest SSO for infectious diseases was approved. Since then, the center has moved quickly to launch this SSO, and has made great progress in putting the framework in place and initiating activities.

SSO5 is an important element of USAID's overall infectious disease strategy. Consistent with the four subcomponents of the Agency's strategy, the SSO has four subcomponents: antimicrobial resistance, tuberculosis, malaria and surveillance and response. In each of these technical subcomponents, activities have been designed too achieve the four intermediate results of the SSO in research; improved policy environment at the global, national and local levels; improved knowledge and practices relating to prevention and management of infectious diseases; and expanded services for the prevention, control and management of infectious diseases. As highlighted below, progress has been made in these subcomponents for each of the critical functions of the Center.

1. Performance Analysis

Research and Evaluation

Emphasis is being placed on understanding contributing factors for the development of antimicrobial resistance, and improved approaches to controlling the spread of AMR; the development of new, field appropriate diagnostics; the development of a malaria vaccine; and improved diagnostic and treatment regimens. There is already significant progress:

- Data collection has been initiated and three pilot studies are underway that focus on case management issues (i.e., diagnosis and treatment) related to pneumonia and the development of antimicrobial resistance.

- Research proposals have been developed for: a short-course treatment for meningitis; a clinical, predictive tool for sore throat; and an intervention to improve the compliance with antimicrobial therapy using IMCI drug counseling guidelines.

- Because of the infectious disease initiative, G/PHN was able to increase resources for the Malaria Vaccine Development Program (MVDP), and launch an important new component for the MVDP in DNA vaccine development. This leading edge technology is high risk, but a potential high payoff, and could dramatically shorten the lead-time for developing a vaccine suitable for clinical trials. A working group that includes the Naval Medical Research Center and Vical, Inc. and is coordinated by USAID, has already produced the first components which will be used to produce the vaccine. Plans for a field trial in 2-3 years are being made with Ghanaian partners. The MVDP scientific advisory committee enthusiastically endorsed this new component of the MVDP program.

Global Leadership:

USAID has been able to make significant strides in global leadership, particularly in antimicrobial resistance. An important element of the Agency strategy, also included within

G/PHN's SSO, is the development and implementation of a global strategy and action plan for AMR. G/PHN has worked closely with WHO to set the development of this global strategy in motion. Specifically, over the last six months:

- The majority of commissioned expert technical reviews -- which will inform the development of WHO's Global Strategy and Action Plan -- on the current state of knowledge and critical knowledge gaps in AMR topics are in progress, with two preliminary drafts already submitted.

- A coordination meeting of USAID's partners involved in AMR activities was held in July 1998. This meeting informed participants of the scope and content of planned AMR activities, and facilitated coordination and linkages among the partners. A follow-on meeting, organized by WHO, was held in Geneva in February, 1999.

In malaria, G/PHN, in collaboration with USAID's Africa bureau, has made important contributions to the development of WHO's Roll Back Malaria initiative. This initiative, launched at the behest of the new Director General of WHO, is intended to be a coordinating and catalytic force for impacting on deaths due to malaria.

In tuberculosis, G/PHN has put significant effort into working with WHO and other partners to begin the development of a global strategy and action plan.

After extensive consultations with bureaus and missions, WHO/PAHO, CDC, IUATLD, and in-country partners, a workplan has been developed for work with the Gorgas institute to implement elements of USAID's TB strategy. Operations research and training for TB will be conducted in several countries in Latin America, Asia, and Africa and specific research proposals are currently being developed. Most of these OR and training sites will also serve as Centers for Excellence for TB research and training.

In surveillance, G/PHN has worked closely with the Africa bureau, WHO and CDC to develop a coordinated action plan for strengthening integrated disease surveillance in Africa. G/PHN hosted a meeting in December with WHO and CDC to work through specific workplan details, and has participated in several planning meetings hosted by WHO/AFRO. As a result, there is general consensus among all these actors about appropriate emphases and next steps.

Technical Support to the Field

Over the past six months, important steps have been taken to put in place G/PHN's support to field programs and implementation of field activities for infectious diseases.

- G/PHN in collaboration with USAID/Tanzania and the Africa bureau supported a comprehensive assessment of surveillance in Tanzania. This effort with the Ministry of Health was coordinated through G/PHN's Environmental Health Project and included WHO/Geneva, WHO/AFRO and CDC. The assessment developed a five-year strategy for surveillance, and through several phases, fostered substantial consensus within Tanzania for the plan. It is hoped that elements of the Tanzania approach can be used in other countries.

2. Expected progress through FY2001

Over the course of the next year, G/PHN will:

- Launch NetMark, a program designed to social market insecticide treated materials in Africa. Within the first year of NetMark, we expect that 400,000 nets with insecticides will be sold, and over the course of the program, full cost recovery of ITM services will be achieved.

- Institute operations research of Directly Observed Therapy, Short Course (DOTS) in several key countries to examine effective approaches to TB treatment.

- Work with WHO to ensure that the AMR strategy and action plan is ready for technical review

- In collaboration with the Africa Bureau, provide appropriate support to USAID/Tanzania to ensure effective implementation of the Tanzania surveillance strategy

- Undertake further surveillance assessments in at least two other countries.

- Initiate production of a DNA malaria vaccine suitable for preliminary clinical testing.

3. Performance Data Tables

STRATEGIC SUPPORT OBJECTIVE 5: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance

APPROVED: **COUNTRY/ORGANIZATION:** G/PHN/HN

RESULT NAME: IR 5.2 Improved policies and increased global, national and local resources for appropriate infectious diseases interventions

INDICATOR: 5.2.2 Development and adoption of a Global Action Plan for control of antimicrobial resistance and tuberculosis

UNIT OF MEASURE: Number of partners and regions that have endorsed the global strategy and action plan

SOURCE: WHO and other project/partner reporting

INDICATOR DESCRIPTION: (a) AMR global strategy developed, technical reviews conducted, action plan developed and endorsed by key partners (including WHO, the World Bank, UNICEF, USAID, CDC) and global policies and guidelines disseminated. "Endorsement" means that key partners have been consulted and reached a consensus with respect to the content of the strategy and action plan. (b) TB Global strategy and action plan to address the role of agencies, organizations, and affected countries developed using a participatory, consensual design. The strategy and plan will be developed and vetted with regional partners and representatives of agencies and developing nations to ensure that the plan adequately reflects the needs and constraints of participating countries.

COMMENTS:

YEAR	PLANNED	ACTUAL
1998		
1999	(a) Development/ technical review of AMR strategy/action plan (b) All (4) partners endorse TB action plan	
2000	(a) Dissemination of policies/ guidelines	
2001	(b) partners and all WHO regions endorse TB action plan	
2002		
2003		
2004		
2005		
2006		
2007		

STRATEGIC SUPPORT OBJECTIVE 5: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance

APPROVED: **COUNTRY/ORGANIZATION:** G/PHN/HN

RESULT NAME: IR 5.1 New and improved cost-effective interventions developed, field tested and disseminated

INDICATOR: 5.1.1 New methods or low-cost diagnostics developed and field tested for (a) antimicrobial resistance; (b) TB; and (c) malaria

UNIT OF MEASURE: Number of new methods or diagnostics reaching development and/or field testing stage (numbers not cumulative)

SOURCE: PATH reports, other project reports

INDICATOR DESCRIPTION:

AMR: new clinical, laboratory, or community-based methods and new diagnostics to detect AMR for selected diseases

Malaria: Trials on the efficacy and usability of two new low-cost diagnostics will be carried out in three countries for malaria. To be completed by Fall, 1998

COMMENTS: Following the completion of the field trials for malaria, a WHO sponsored meeting will be held to assess the results and develop an appropriate strategy for their use. Planned for winter of 1998/99

YEAR	PLANNED	ACTUAL
1998		a:0 b:0 c:2
1999	a:0 b:0 c:1	
2000	a:2 b:1 c:0	
2001	a:2 b:1 c:1	
2002	a:1 b:1 c:0	
2003		
2004		
2005		
2006		
2007		

STRATEGIC SUPPORT OBJECTIVE 5: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance

APPROVED: **COUNTRY/ORGANIZATION:** G/PHN/HN

RESULT NAME: IR 5.3 Enhanced knowledge of key infectious diseases-related behaviors and practices in selected countries

INDICATOR: 5.3.5 Epidemiological technical capacity increased at the country level

UNIT OF MEASURE: Number of countries

SOURCE: CDC and WHO reports

INDICATOR DESCRIPTION: Number of countries where staff have been trained and use epidemiological skills.

COMMENTS:

YEAR	PLANNED	ACTUAL
1998		0
1999	3	
2000	5	
2001	3	
2002	3	
2003	3	
2004		
2005		
2006		
2007		

PART III: RESOURCE REQUEST

1. Financial Plan

G/PHN requests a total of $254.480 million for FY2001 to achieve the results described in Part II of this R4. Of this amount $141.726 million is requested from the Development Assistance (DA) account and $112.854 million from the Child Survival and Other Diseases (CSD) account. This level, straightlined from the FY 2000 request, is the minimum needed to achieve planned results. These funds are allocated as follows:

The **$141.8 million for SSO1**, "Increased use by women and men of voluntary practices that contribute to reduced fertility." This is considered adequate to fund core family planning and reproductive health activities provided an adequate level of funding is received from field support, including funding for contraceptives. However, a continuation of metering of funds for population assistance will erode our ability to achieve planned results.

A total of **$15 million is proposed for SSO2**, "Increased use of key maternal health and nutrition interventions. Funding for SSO2 comes from the Child Survival and Disease Account. Funding at the $15 million level is the minimal level required to address the various interventions needed to affect maternal survival, which has direct impact on SSO3. Although certain activities under SSO1 contribute to and are supportive of achievement of SSO2, this level does not include an allocation from SSO1.

The **$46.504 million for SSO3,** "Increased use of key child health and nutrition interventions" includes $3.625 million for the Displaced Children and Orphans Program and the War Victims Fund. As such, the $42.879 million actually available for G/PHN's SSO 3 activities represents a slight increase over FY 1999 programmed levels and is a reduction from FY 1998 and previous year levels. At this level of funding, G/PHN would just be able to maintain its core child survival activities.

$35.750 million is requested for SSO4, "Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic". If funding is below the $35.75 level, we would have to reduce our commitment to UNAIDS; and would be unable to fulfill our mandate to support critical prevention and mitigation interventions to the vulnerable populations, including provision of services for children affected by HIV.

$15.5 million is requested for SSO5, "Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance". This level is below the FY 2000 request level, but is a better reflection of the needs for the program. With this level of funding, equivalent to the initial funding available to this SSO in 1998, G/PHN would be able to take on the necessary global leadership tasks and support to the field for reducing the threat of infectious diseases.

Field Support

Sustained levels of field support will continue to be critical to our ability to respond to field requirements. Our review of mission R4s will include an analysis to determine if there are changes in field support funding trends that will impact on PHN activities. Diminished field support funding would reduce the results achieved, and negatively affect the impact of G/PHN activities.

Pipeline

Projects in G/PHN, on average, maintain a pipeline of less than 12 months funding. G/PHN carefully monitors pipeline through regular project oversight by CTOs and through semi-annual portfolio reviews.

2. Operating Expense and Staffing

Overview

G/PHN has responsibility for providing global leadership and technical support for the PHN sector Agency-wide. This requires adequate technical, program and administrative staffing to accomplish this objective. It is imperative that USDH staffing not go below the targeted on-board level for FY 2000 of 66 and that the current non-direct hire staff level of 83 be maintained. Reductions below these levels, even to reach the TOB of 65 in FY 2001, will seriously diminish G/PHN's ability to achieve its stated goals and objectives, and will likely require discontinuing one or more components of our program. It is also imperative that adequate OE funds be available. Therefore, an increase of $74,000 in OE funds for FY2000 and FY 2001 is requested for a total of $390,000, to include $340,000 for travel and $50,000 for the Manpower Contract.

Staffing

The two-fold increase in the G/PHN budget since the 1980s and the increasing complexity of the G/PHN's programs over this same period - including a dramatic increase in field support actions and the metering of population development funds - have been accompanied by a continuing decrease in the number of staff. From an on-board level of 73 USDH positions in FY 1998, G/PHN is being required to reduce staffing to 69 this fiscal year, to 66 in FY 2000 and to 65 in FY 2001. While the Center has recently completed a comprehensive review of both its USDH and non-direct hire staffing requirements, and prepared a staffing plan to reach these required levels while minimizing their impact on our current programs, any further reductions in either category of personnel will require discontinuing components of our programs. Likewise, any new additions to our current management burden, due to higher levels of funding, greater numbers of field support requests or additional mandated programs from Congress, will require cutting already existing programs unless additional staffing can be obtained. Although the Agency has taken steps to protect BS-50, its efforts have primarily been directed towards providing relief for personnel problems in the field.

G/PHN's staffing plan envisions a straight lined non-direct hire workforce of 83. A reduction in this level will have a direct impact on the Center's capacity to provide global leadership, innovative research, and technical support to the field. In FY1999, G/PHN continues to manage two-thirds of G's budget, despite having only about one-third of the Bureau's USDH staff. A reduction in USAID field presence combined with a decreased capacity in regional bureaus to backstop PHN sector programs have resulted in a significant increase in G/PHN's responsibility for backstopping field programs. This includes management of selected regional projects, assistance in managing programs for missions that are closing, and cooperation with affected missions in developing transition plans. It is important that USAID maintain its leadership role (within USAID/W, in the field and with the donor community) to provide the quality and level of service for which we have become recognized. It will be unable to do so should its non-direct hire workforce be reduced at the same time USDH positions are being cut.

To deal most effectively with staff reductions, the PHN Center is striving to increase the efficiency of its workforce. One recent action has been the consolidation of the Center's program staff, which will allow for their more effective utilization and will result in a reduction of two to three USDH program staff positions. The Center program staff are also currently engaged in an exercise with the Global Bureau's program office to identify more efficient ways of operating, with an eye to achieving even more program staff reductions. The PHN Center will be following up its workforce planning exercise with a comprehensive review of the Center's current programs and organizational structure to determine if efficiencies can be gained from different operational structures.

Travel

In FY 1998, G/PHN direct-hire staff conducted 179 trips to 37 countries, including technical meetings, field trips, etc. The cost of this travel was approximately $272,000. Funding for OE travel in FY 1999 is only slightly higher at $276,000. G/PHN continues to need additional budgetary relief in FY2000 and FY2001 in order to provide adequate technical support to the field, global leadership, and project management. In view of current and projected budget limitations, an increase of $64,000 is requested for FY2000 and FY2001 for reasons articulated below:

- With the downsizing of regional bureau and mission staff, the Agency is looking more to Global Bureau to provide field support and technical direction, assist with transition planning and project oversight. Decreases in the travel budget will reduce the likelihood of responding to all field requests, particularly as they relate to new Agency initiatives. As in the past, we are forced to rely on non-direct hire technical staff to be responsive to Missions in the absence of resources for direct hire staff.

- G/PHN staff must attend national and international meetings and conferences, such as, International Conference on HIV/AIDS annual meetings and the Population Association of America, in order to maintain its global leadership role.

- G/PHN is assuming greater responsibility in donor coordination, by reducing duplication among donors and attempting to leverage other donor funding. Examples include the work

we are doing with the US-Japan Common Agenda, the European Union, and IPPF. The Center also is required to have frequent communications with multilateral agencies, such as WHO, UNICEF and UNFPA, and serves on a number of their executive boards.

- G/PHN must ensure project oversight for its network of over 75 Cooperating Agencies and contractors. CTOs must periodically review technical performance in the field to insure accountability and prevent vulnerability.

To ensure that the travel funding received by the Center is used most effectively in support of the Center's and the Agency's objectives, detailed travel approval guidelines have been instituted this year and analyses of travel expenditures against priorities are conducted on a quarterly basis. The travel of non-direct hire staff is also being monitored to ensure that program funds expended on travel in support of the Center's programs are also being used effectively.

Technical Training

Keeping our PHN officers in Washington and in the field current in the latest technical information and in Agency processes and systems in accordance with reengineering, remains a high priority for the PHN Center. Technical training is a critical part of the PHN program which enables the technical staff to support the Agency in its leading role with other donors. Over this last year the Center has developed a number of in house programs to provide needed training both in technical and in operational areas, and these are already underway. We have also conducted a comprehensive review of the training needs of PHN staff and determined our OE training requirements which compliment our in house training. To carry out our training program this year will require $108,000, an increase over last year's level of $75,000. Especially considering the impending staffing reductions, we feel this increase is necessary, as it will enable us to enhance our staffing capabilities with emphasis on project management and operational skills. These OE funds will be utilized for Technical Training Skills Presentations, Maximizing Access and Quality field presentations; State-of-the-Art (SOTA) courses; and continuing medical education funding for qualified staff. Ongoing training in agency systems is required to provide initial training for new DH personnel and provide updates in training for both CTOs and program staff as changes occur. It is assumed that these funds will continue to be provided from sources outside G/PHN's OE funding allocation.

FY 1999 Budget Request by Program/Country

15-Apr-99
04:01 PM

Program/Country: G/PHN

Approp Acct: DA/CSD (Enter either DA/CSD; ESF; NIS; or SEED)

Scenario

O. # , Title		FY 1999 Request														Est. S.O. Pipeline End of FY 99
	Bilateral/ Field Spt	Total	Micro-Enterprise	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Other Health	Environ	D/G	Est. S.O. Expendi-tures	
SSO 1:	Increased use by women and men of voluntary practices that contribute to reduced fertility.															
DA	Bilateral	138,824						138,824							126,900	126,124
	Field Spt	0														
		138,824	0	0	0	0	0	138,824	0	0	0	0	0	0	126,900	126,124
SSO 2:	Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions.															
CSD	Bilateral	15,000							12,000			3,000			15,800	7,200
	Field Spt	0														
		15,000	0	0	0	0	0	0	12,000	0	0	3,000	0	0	15,800	7,200
SSO 3:	Increased use of key child health and nutrition interventions.															
DA	Bilateral	3,750										3,750			1,000	2,750
	Field Spt	0														
		3,750	0	0	0	0	0	0	0	0	0	3,750	0	0	1,000	2,750
SSO 3:	Increased use of key child health and nutrition interventions.															
CSD	Bilateral	41,000							35,000			6,000			38,000	38,457
	Field Spt	0														
		41,000	0	0	0	0	0	0	35,000	0	0	6,000	0	0	38,000	38,457
SSO 4:	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.															
CSD	Bilateral	37,000									37,000				31,900	33,800
	Field Spt	0														
		37,000	0	0	0	0	0	0	0	0	37,000	0	0	0	31,900	33,800
SSO 5:	Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance.															
CSD	Bilateral	15,000								15,000					10,200	14,400
	Field Spt	0														
		15,000	0	0	0	0	0	0	0	15,000	0	0	0	0	10,200	14,400
SO 6:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:																
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		250,574	0	0	0	0	0	138,824	50,750	15,000	37,000	12,750	0	0	185,800	184,274
Total Field Support		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM		250,574	0	0	0	0	0	138,824	47,000	15,000	37,000	12,750	0	0	185,800	184,274

FY 99 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	250,574
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 99 Account Distribution (DA only)	
Dev. Assist Program	142,574
Dev. Assist ICASS	
Dev. Assist Total:	142,574
CSD Program	108,000
CSD ICASS	
CSD Total:	108,000

Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.
For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

FY 2000 Budget Request by Program/Country

15-Apr-99
04:01 PM

Program/Country: G/PHN

Approp Acct: DA/CSD
(Enter either DA/CSD; ESF; NIS; or SEED)
Scenario

O. # , Title

	Bilateral/ Field Spt	FY 2000 Request Total	Micro-Enterprise	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Other Health	Environ	D/G	Est. S.O. Expendi-tures	Est. S.O. Pipeline End of FY 00
SSO 1:	Increased use by women and men of voluntary practices that contribute to reduced fertility.															
DA	Bilateral	141,726						141,726							130,024	137,826
	Field Spt	0														
		141,726	0	0	0	0	0	141,726	0	0	0	0	0	0	130,024	137,826
SSO 2:	Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions.															
CSD	Bilateral	15,000							11,000			4,000			10,500	15,850
	Field Spt	0														
		15,000	0	0	0	0	0	0	11,000	0	0	4,000	0	0	10,500	15,850
SSO 3:	Increased use of key child health and nutrition interventions.															
DA	Bilateral	0													40,457	40,905
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	40,457	40,905
SSO 3:	Increased use of key child health and nutrition interventions.															
CSD	Bilateral	42,905							36,060			6,845			32,500	37,050
	Field Spt	0														
		42,905	0	0	0	0	0	0	36,060	0	0	6,845	0	0	32,500	37,050
SSO 4:	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.															
CSD	Bilateral	35,750									35,750				15,800	17,600
	Field Spt	0														
		35,750	0	0	0	0	0	0	0	0	35,750	0	0	0	15,800	17,600
SSO 5:	Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance.															
CSD	Bilateral	19,099								19,099						
	Field Spt	0														
		19,099	0	0	0	0	0	0	0	19,099	0	0	0	0	0	0
SO 6:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															Year of Final Oblig:	
	Bilateral	0														
	Field Spt	0														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		254,480	0	0	0	0	0	141,726	47,060	19,099	35,750	10,845	0	0	196,781	212,181
Total Field Support		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM		254,480	0	0	0	0	0	141,726	47,060	19,099	35,750	10,845	0	0	196,781	212,181

FY 00 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	254,480
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 00 Account Distribution (DA only)	
Dev. Assist Program	141,726
Dev. Assist ICASS	
Dev. Assist Total:	141,726
CSD Program	112,754
CSD ICASS	
CSD Total:	112,754

Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.
For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

FY 2001 Budget Request by Program/Country

15-Apr-99
04:01 PM

Program/Country: G/PHN

Approp Acct: DA/CSD
(Enter either DA/CSD; ESF; NIS; or SEED)
Scenario

O. # , Title

		FY 2001 Request														Est. S.O.	Future
	Bilateral/ Field Spt	Total	Micro-Enterprise	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Other Health	Environ	D/G	Est. S.O. Expendi-tures	Pipeline End of FY 01	Cost (POST-2001)
SSO 1:	Increased use by women and men of voluntary practices that contribute to reduced fertility.																
DA	Bilateral	141,726						141,726							140,626	139,016	
	Field Spt	0															
		141,726	0	0	0	0	0	141,726	0	0	0	0	0	0	140,626	139,016	0
SSO 2:	Increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive health interventions.																
CSD	Bilateral	15,000							11,000			4,000			15,300	11,800	
	Field Spt	0															
		15,000	0	0	0	0	0	0	11,000	0	0	4,000	0	0	15,300	11,800	0
SSO 3:	Increased use of key child health and nutrition interventions.																
DA	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SSO 3:	Increased use of key child health and nutrition interventions.																
CSD	Bilateral	46,504							39,659			6,845			43,000	41,961	
	Field Spt	0															
		46,504	0	0	0	0	0	0	39,659	0	0	6,845	0	0	43,000	41,961	
SSO 4:	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.																
CSD	Bilateral	35,750									35,750				34,750	38,050	
	Field Spt	0															
		35,750	0	0	0	0	0	0	0	0	35,750	0	0	0	34,750	38,050	0
SSO 5:	Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance.																
CSD	Bilateral	15,500								15,500					16,300	16,800	
	Field Spt	0															
		15,500	0	0	0	0	0	0	0	15,500	0	0	0	0	16,300	16,800	0
SO 6:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															Year of Final Oblig:		
	Bilateral	0															
	Field Spt	0															
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		254,480	0	0	0	0	0	141,726	50,659	15,500	35,750	10,845	0	0	206,976	205,666	0
Total Field Support		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM		254,480	0	0	0	0	0	141,726	50,659	15,500	35,750	10,845	0	0	206,976	205,666	0

FY 01 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	254,480
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 01 Account Distribution (DA only)	
Dev. Assist Program	141,726
Dev. Assist ICASS	
Dev. Assist Total:	141,726
CSD Program	112,754
CSD ICASS	
CSD Total:	112,754

Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.
For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account

Workforce Tables

Org G/PHN End of year On-Board **FY 1999 Estimate**	SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con-tract	Legal	All Other	Total Mgmt.	Total Staff
OE Funded: 1/																
U.S. Direct Hire								0							0	69
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	69
Program Funded 1/																
U.S. Citizens								0							0	6
FSNs/TCNs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Total Direct Workforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	75
TAACS								0							0	20
Fellows								0							0	57
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	77
TOTAL WORKFORCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	152

1/ Excludes TAACS, Fellows, and IDIs

Workforce Tables

	SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con-tract	Legal	All Other	Total Mgmt.	Total Staff
FY 2000 Target																
OE Funded: 1/																
U.S. Direct Hire								0							0	66
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	66
Program Funded 1/																
U.S. Citizens								0							0	7
FSNs/TCNs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Total Direct Workforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	73
TAACS								0							0	20
Fellows								0							0	56
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76
TOTAL WORKFORCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	149

FY 2000 Request																
OE Funded: 1/																
U.S. Direct Hire								0							0	66
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	66
Program Funded 1/																
U.S. Citizens								0							0	7
FSNs/TCNs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Total Direct Workforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	73
TAACS								0							0	20
Fellows								0							0	56
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76
TOTAL WORKFORCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	149

1/ Excludes TAACS, Fellows, and IDIs

Workforce Tables

Org G/PHN End of year On-Board **FY 2001 Target**	SSO 1	SSO 2	SSO 3	SSO 4	SSO 5	SpO1	SpO2	Total SO/SpO Staff	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con-tract	Legal	All Other	Total Mgmt.	Total Staff
OE Funded: 1/																
U.S. Direct Hire								0							0	65
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	65
Program Funded 1/																
U.S. Citizens								0							0	7
FSNs/TCNs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Total Direct Workforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	72
TAACS								0							0	20
Fellows								0							0	56
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76
TOTAL WORKFORCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148

FY 2001 Request																
OE Funded: 1/																
U.S. Direct Hire								0							0	65
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	65
Program Funded 1/																
U.S. Citizens								0							0	7
FSNs/TCNs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Total Direct Workforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	72
TAACS								0							0	20
Fellows								0							0	56
IDIs								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	76
TOTAL WORKFORCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	148

1/ Excludes TAACS, Fellows, and IDIs

Office/Bureau: G/PHN

WASHINGTON OE BY RESOURCE CATEGORY

TABLE __

OC	Resource Category Title	FY 1999 Estimate	FY 2000 Target	FY 2000 Request	FY 2001 Target	FY 2001 Request
11.8	**Special personal services payments**	Do not enter data on this line.				
	IPA/Details-In/PASAs/RSSAs Salaries					
	Subtotal OC 11.8	0.0	0.0	0.0	0.0	0.0
12.1	**Personnel Benefits**					
	IPA/Details-In/PASAs/RSSAs Salaries					
	Subtotal OC 12.1	0.0	0.0	0.0	0.0	0.0
21.0	**Travel and transportation of persons**	Do not enter data on this line.				
	Training Travel					
	Operational Travel	Do not enter data on this line.				
	Site Visits - Headquarters Personnel	182.2	182.2	224.4	182.2	224.4
	Site Visits - Mission Personnel					
	Conferences/Seminars/Meetings/Retreats	93.8	93.8	115.6	93.8	115.6
	Assessment Travel					
	Impact Evaluation Travel					
	Disaster Travel (to respond to specific disasters)					
	Recruitment Travel					
	Other Operational Travel					
	Subtotal OC 21.0	276.0	276.0	340.0	276.0	340.0
23.3	**Communications, Utilities, and Miscellaneous Charges**	Do not enter data on this line.				
	Commercial Time Sharing					
	Subtotal OC 23.3	0.0	0.0	0.0	0.0	0.0
24.0	**Printing & Reproduction**	Do not enter data on this line.				
	Subscriptions & Publications					
	Subtotal OC 24.0	0.0	0.0	0.0	0.0	0.0
25.1	**Advisory and assistance services**	Do not enter data on this line.				
	Studies, Analyses, & Evaluations					
	Management & Professional Support Services					
	Engineering & Technical Services					
	Subtotal OC 25.1	0.0	0.0	0.0	0.0	0.0
25.2	**Other services**	Do not enter data on this line.				
	Non-Federal Audits					
	Grievances/Investigations					
	Manpower Contracts	40.0	40.0	50.0	40.0	50.0
	Other Miscellaneous Services					
	Staff training contracts					
	Subtotal OC 25.2	40.0	40.0	50.0	40.0	50.0
25.3	**Purchase of goods and services from Government accounts**	Do not enter data on this line.				
	DCAA Audits					
	HHS Audits					
	All Other Federal Audits					
	Reimbursements to Other USAID Accounts					
	All Other Services from other Gov't. Agencies					
	Subtotal OC 25.3	0.0	0.0	0.0	0.0	0.0
25.7	**Operation & Maintenance of Equipment & Storage**					
	Subtotal OC 25.7	0.0	0.0	0.0	0.0	0.0
25.8	**Subsistance and support of persons (contract or Gov't.)**					
	Subtotal OC 25.8	0.0	0.0	0.0	0.0	0.0
26.0	**Supplies and Materials**					
	Subtotal OC 26.0	0.0	0.0	0.0	0.0	0.0
31.0	**Equipment**					
	ADP Software Purchases					
	ADP Hardware Purchases					
	Subtotal OC 31.0	0.0	0.0	0.0	0.0	0.0
	TOTAL BUDGET	316.0	316.0	390.0	316.0	390.0